

Acute exacerbation of asthma

Advice for parents/carers



What is an acute exacerbation of asthma?

A worsening of your child's asthma caused by exposure to one of their triggers. These vary between children but the most common ones are coughs and colds, cold weather, cigarette smoke, pet fur or feathers and pollen.

Treatment over next few days

Over the next few days, your child will need to be regularly given a blue (salbutamol) reliever inhaler.

Dose of blue (salbutamol) reliever inhaler via Spacer:

Today 10 puffs, 4 hourly for first 1 day
Then 6 puffs, 4 hourly for next 1 day
Then 4 puffs, 4 hourly until symptoms improve

After which your child should be back to normal and you should be able to stop the blue inhaler.

In the event that your child has been started on steroid tablets, these should be continued once daily (usual treatment course is 3 – 5 days for prednisolone or 1 day for dexamethasone).

If your child becomes increasingly breathless despite following the plan above, you should follow the instructions outlined in red/amber/green traffic light table.

You should continue your child's normal preventer treatment(s) during an acute exacerbation of asthma.

If your child has been discharged from hospital, you should arrange for them to be reviewed in the next 48 hours by your GP or GP practice nurse

Looking after your child during exacerbations of asthma

At the start of cold symptoms (such as runny nose) be vigilant for worsening symptoms and follow the green/amber/red traffic lights.

	Symptoms	Your Action:
Green	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2-4 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve. If needing this more than 24hrs contact your GP or 111 out of hours. If you require more puffs and/or have to use your blue inhaler more frequently than every 4 hours move to AMBER .
Amber	<ul style="list-style-type: none">• Wheezing and breathless and blue (salbutamol) reliever inhaler 4 puffs is not lasting 4 hours• Having a cough or wheeze/tight chest during the day and night• Too breathless to run / play / do normal activities• Peak flow less than 70% normal	Immediately contact your GP or 111 out of hours and make an appointment for your child to be seen that day face to face. Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours If using 10 puffs every 4 hourly and symptoms are not improving or getting worse, move to RED .
Red	<ul style="list-style-type: none">• Too breathless to talk / eat or drink• Has blue lips• Having symptoms of cough/wheeze or breathlessness which are getting worse or not improving despite 10 puffs blue (salbutamol) inhaler every 4 hours• Confused and drowsy• Peak Flow less than 50% normal	Ring 999 for immediate help Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives. Keep child in upright position and reassure them

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Standard technique for use of inhaler and spacer

Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath)



- 1 Shake the inhaler well and remove cap.
- 2 Fit the inhaler into the opening at the end of the spacer.
- 3 Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
- 4 Press the inhaler once and allow the child to take 5 slow breaths between each dose
- 5 Remove the inhaler and shake between every puff. Wait 1 minute between puffs.



Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

- Remember to leave a spare reliever inhaler (with/without spacer) at school for your child and ensure that it is kept in date
- Remember to take inhaler and spacer with you or your child on any trips away from home
- Always use the correct inhaler device as prescribed for you or your child
- Remember a spacer is the best way to deliver reliever treatment in an emergency.
- Ensure your child always has access to their reliever (blue) inhaler and spacer.



For videos on using your child's inhaler and spacer correctly see goo.gl/235DQf

Asthma Action Plan

Keep this plan with you and take it every time you see the doctor or nurse at your GP surgery (or Hospital). This plan is for patients with asthma – your GP/doctor (or nurse) will fill it in and explain the different medicines to control your asthma. It will also show you how to recognise when the asthma or wheeze is getting worse and what to do about it. By taking steps early – acute attacks can usually be prevented.

https://frimley-healthiertogether.nhs.uk/application/files/4516/2375/7514/CS45385_NHS_Patient_Asthma_Action_Plan_May_21.pdf

At the start of cold symptoms (such as runny nose) be vigilant for worsening symptoms and follow the green/amber/red traffic lights.

Remember to keep any follow up appointments and attend their annual GP asthma review and flu vaccine

It is important that your child takes their steroid (preventer) inhaler regularly if one is prescribed to reduce the number of exacerbations. Ensure your child always has access to their reliever (blue) inhaler and spacer

Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like asthma worse. Remember smoke remains on your clothes even if you smoke outside. If you would like help to give up smoking you can get information below:

www.frimley-healthiertogether.nhs.uk/health-for-young-people/growing/smoking-and-e-cigarettes

Follow up

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Looking after yourself or child with asthma

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Remember to keep any follow up appointments and attend their annual GP asthma review and flu vaccine.

www.frimley-healthiertogether.nhs.uk

This guidance is written by healthcare professionals from across Frimley, Wessex and Wexham

